He Korowai Oranga
Māori Health Strategy
Discussion Document
Foreword


He Korowai Oranga supports Māori aspirations to take control over their own health. It upholds the structures based around whānau, hapū, and iwi and also recognises that there are a range of community groups in Māori society that make valuable contributions to the advancement of whānau health.

It identifies some of the key issues to be addressed to support whānau to achieve maximum health and wellbeing and provides guidelines for the improvement of whānau health outcomes.

Although Māori life expectancy has improved rapidly over the past 40 years it is still more than eight years lower than that of non-Māori and Māori continue to experience a heavier burden of disease and injury than non-Māori.

The Government is committed to reducing the health inequalities that exist between Māori and other New Zealanders.

In addition to physical needs, many Māori models of health acknowledge whānau, spiritual and mental wellbeing, and knowledge of whakapapa and te reo Māori as important factors affecting Māori health. In light of this He Korowai Oranga proposes whānau ora as its overall aim.

He Korowai Oranga has been produced by the Ministry of Health with the input of a Sector Reference Group (see Appendix 1) and Focus Group made up of Māori health workers, users of health services, and providers from different parts of the health and disability sector.

Contributions are now invited, particularly from whānau, hapū and iwi, Māori communities, Māori health providers, District Health Boards and other health and disability organisations to the development of He Korowai Oranga.

Please make the most of the opportunity to contribute.

I look forward to receiving your views.

Hon Annette King
Minister of Health
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Overview

Many complex factors lead to poor health status and the impact of such factors is particularly evident amongst whānau. There are significant disparities in whānau health status. In fact, as a population group, Māori have on average the poorest health status of any group in New Zealand. This is not acceptable. The Government has made the reduction and elimination of health inequalities that affect Māori a priority.

The New Zealand Health Strategy sets out the Government’s overall direction for the health sector, including the objective of reducing Māori health inequalities. This strategy takes the goals, objectives and principles of the New Zealand Health Strategy to the next stage and provides more detail on how Māori health objectives will be achieved. At the same time, the strategy exists in its own right.

Recognising Treaty of Waitangi Principles

As a Treaty partner, Government recognises the special relationship between iwi and the Crown, and appreciates that the principles of the Treaty of Waitangi – Partnership, Participation and Protection – must underpin a Māori Health Strategy.

<table>
<thead>
<tr>
<th>Partnership</th>
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<tbody>
<tr>
<td>Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.</td>
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<table>
<thead>
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<th>Participation</th>
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<tr>
<td>Involving Māori at all levels of the sector in planning, development and delivery of health and disability services.</td>
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<th>Protection</th>
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<tr>
<td>Ensuring Māori enjoy at least the same level of health as non-Māori and safeguarding Māori cultural concepts, values and practices.</td>
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Emphasising Whānau Health and Wellbeing

He Korowai Oranga also recognises that Māori whānau and communities want improved health status, reduced health inequalities and increased control over the direction and shape of their own institutions, communities and development as a people. He Korowai Oranga therefore emphasises whānau health and wellbeing as its overall aim. Whānau health will be achieved through:

- building on the strengths of whānau to achieve whānau ora (health and wellbeing)
- reducing inequalities in Māori health status in priority areas.

The New Zealand Health Strategy

The New Zealand Health Strategy is the Government’s platform for action on health and this includes Māori health. The Strategy’s principles, goals, objectives, action and service priorities for improving the health of New Zealanders are all relevant to improving Māori health. Some, however, are specific to Māori health. Two key goals, for example, demand accessible and appropriate services for Māori, as well as building the capacity for Māori to participate in the health sector at all levels and in many various capacities. Those principles, objectives and priorities that are particularly relevant to Māori are set out in Appendix Two.

He Korowai Oranga

District Health Boards will be required to take the final strategy into account in their planning and in meeting their Māori health objectives and functions. The strategy will also assist the Ministry of Health, Māori providers and communities, and other providers when planning for their own strategic development.

The following diagram shows how He Korowai Oranga fits into the overall District Health Board planning, service delivery and monitoring cycle.
He Korowai Oranga will be developed in two stages.

Stage 1 is to gain agreement to the overall goals, directions and pathways for Māori health. This discussion document sets out proposals for these high level aims. The Government will finalise the strategy after consultation on these proposals, with the intent of releasing the final strategy around December 2001.

Stage 2 is to develop more detailed policies and plans for implementing the high level goals and directions. In line with this, the Ministry of Health is developing a detailed set of actions for District Health Boards and others in the health and disability sector. These actions will include targets and performance measures relating to the objectives in the strategy, as well as guidelines and standards on how to achieve service effectiveness. The Ministry of Health will also evaluate the implementation of He Korowai Oranga and use this evaluative information to improve performance.
The overall aim of He Korowai Oranga is whānau ora: healthy Māori families supported to achieve their maximum health and wellbeing.

Structurally, He Korowai Oranga looks like this:
Whānau Ora

Whānau (kaumātua, pakeke, rangatahi and tamariki) is recognised as the foundation of Māori society. As a principal source of strength, support, security, and identity, whānau plays a central role in the wellbeing of Māori individually and collectively.

The outcomes anticipated for whānau are as follows:

• whānau are cohesive, nurturing and safe
• whānau experience physical, spiritual, mental and emotional wellbeing and have control over their own destinies
• whānau fully participate in te ao Māori and the institutions of wider New Zealand society
• whānau are able to give and receive support
• whānau have a secure identity, high self-esteem, confidence and pride (Whāia te Whanaungatanga: Oranga Whānau 1998).
Directions

There are two broad directions which reflect the important roles both Māori and Government have in implementing health and disability strategies for Māori. These recognise that both Māori and Government have aspirations and roles in improving Māori health.

Direction One: Māori Aspirations and Contributions

He Korowai Oranga acknowledges the contribution that Māori have made in the past and a major focus of the strategy will be to strengthen the contributions that whānau, hapū, iwi and Māori communities can make to future Māori health and wellbeing.

He Korowai Oranga supports whānau, hapū, iwi and Māori community aspirations for rangatiratanga to have more control over their own health. It upholds the structures based around whānau, hapū and iwi. It also recognises that there are a range of other community groups in Māori society that make valuable contributions to the advancement of whānau health.

The new health structures encourage Māori to determine their own aspirations and priorities for health and disability and provide mechanisms for ensuring these are taken into account in the planning and delivery of services. District Health Boards will involve Māori in their decision making and service delivery and will support effective Māori involvement.

Direction Two: Government Aspirations and Contributions

As well as supporting Māori to achieve their aspirations for health and disability support, Government is also committed to reducing the health inequalities which exist between Māori and other New Zealanders through effective partnerships with Māori and active Māori involvement in the sector. District Health Boards will be the key agents in achieving these aspirations.

A further Government aspiration is to ensure accessible and appropriate services for Māori. District Health Boards will address the access barriers that exist for many Māori: cost, availability of quality, culturally appropriate services, travel, referral patterns for major operations, the way outpatient services are organised, and the assumptions health professionals make about the behaviour of Māori.
Key Endorsements

Within the context of the two broad directions, there are three key endorsements.

Endorsement One: Rangatiratanga

He Korowai Oranga acknowledges whānau, hapū, iwi and Māori aspirations for rangatiratanga – that is to have control over the direction and shape of their own institutions, communities and their development as a people with a future.

Health and disability services play an important role in supporting whānau aspirations. Involving iwi in decision making as representatives and as partners ensures that new directions fit with the wider development goals. Continuing Māori provider development and Māori workforce development allows health initiatives to contribute to whānau, hapū, iwi and Māori community initiatives. Reorientating services to contribute to the advancement of whānau health recognises the cornerstone of Māori society and ensures a future development path.

Endorsement Two: Māori Population Health Objectives

He Korowai Oranga endorses the shift to a population health approach and specific population health objectives.

The New Zealand Health Strategy includes 13 population health objectives as well as the eight Māori health priority areas established by the Health Funding Authority, which the Ministry of Health and the District Health Boards are to focus on in the short to medium term. The New Zealand Health Strategy population health objectives were selected from areas where there is significant potential to reduce Māori and whānau health disparities (see Appendix 3).
Endorsement Three: Building on the Gains

He Korowai Oranga builds on the considerable gains made in Māori health both by Māori and Government.

Past policies have established a sound base for gains in Māori and whānau health outcomes, service uptake and Māori participation at all levels of the health and disability sector. Resource allocation has safeguarded the special needs of Māori. Major gains in Māori provider and workforce development have strengthened Māori infrastructure and leadership.

Māori Development Organisations (MDOs) have, for example, emerged alongside Māori Co-funding Organisations (MAPOs) and Māori professional organisations to play a critical role in the effective delivery of health and disability services for Māori.

District Health Boards have a responsibility to maintain these gains and to build on them.
Pathways

Within the context of the two broad directions and the three endorsements outlined, four pathways are proposed in He Korowai Oranga to achieve the aim of improved whānau health.

Pathway One: Development of Whānau, Hapū, Iwi and Māori Communities

This pathway expresses the way in which the Crown will work collaboratively with whānau, hapū, and iwi to identify what is needed to encourage health as well as prevent or treat disease. This includes supporting whānau development in both te ao Māori and wider New Zealand society to maximise health and wellbeing.

Pathway Two: Māori Participation in the Health and Disability Sector

This pathway expresses the goal of active participation by Māori at all levels of the health and disability sector.

Pathway Three: Effective Health and Disability Services

This pathway aims to ensure that whānau receive timely, high quality, effective and culturally appropriate health and disability services to improve whānau health and reduce inequalities.

Pathway Four: Working Across Sectors

This pathway directs the health and disability sector to take a leadership role across the whole of government and its agencies to achieve the aim of whānau ora by addressing the broad determinants of health.
Pathway One
Development of Whānau, Hapū, Iwi and Māori Communities

Pathway one focuses on what it takes to ensure whānau stay or become healthy. A healthy whānau is one that fully realises its potential to participate in and contribute to both te ao Māori and the institutions of wider New Zealand society.

Achieving this means fostering the conditions that encourage health and wellbeing as well as preventing or treating disease. These conditions include a strong sense of identity and belonging; the knowledge, skills, and resources to participate effectively in the Māori world and wider New Zealand society; and a safe (and nurturing) physical, home, work, school and social environment.

This pathway is built on Māori models of health, which are holistic in approach. The ‘whare tapa whā’ approach to Māori health and healing, for example, comprises whānau (family and community aspects), tinana (physical aspects), wairua (spiritual aspects), and hinengaro (mental and emotional aspects) (Durie 1998). If each side of the house works in harmony, there will be positive benefits to whānau health. In disharmony, whānau health will become unbalanced and may lead to inequalities in health status.

Whānau, hapū, iwi and Māori communities, including tohunga, kaumātua, Māori healers, health specialists and researchers are seeking to develop services that reflect Māori cultural values.

Extending opportunities for health services that practice Māori views of health and healing (while recognising the diversity of whānau) will be expected in order to progress whānau health outcomes.

Strengthening Whānau and Whānau Participation in Te Ao Māori and New Zealand Society

The ability of whānau to participate in te ao Māori and New Zealand society as Māori, will have a greater impact on their health and wellbeing than the efforts of the health sector alone. Being able to control the direction and shape of their own institutions, their communities and their development as a people is fundamental to the advancement of whānau health into the future.

Where whānau can manage their own health, the whānau is strengthened, as is whānau ability to participate in their own communities.

Working with whānau, and focusing on whānau ora means drawing on the strengths of the whānau, wherever their starting point may be.
Strengthening Participation of Māori with Disabilities

The vision of the draft New Zealand Disability Strategy is for people who experience disability to be able to say they live in ‘a fully inclusive society, where our capacity to contribute and participate in every aspect of life is continually being extended and enhanced’. All of the pathways outlined in He Korowai Oranga support this vision and contribute to resolving the issues specific to Māori experiencing disabilities outlined in the draft New Zealand Disability Strategy.

He Korowai Oranga acknowledges that Māori experiencing disabilities, and their whānau, like all Māori, have a right to expect greater access to wider society and access to te ao Māori.

‘There is an added onus on providers of services to Māori, that not only shall clients be equipped to participate in mainstream New Zealand society, but they should have the opportunity to participate in Māori society, to belong to Māori institutions, and importantly to remain Māori. The costs of disability are high; they should not include cultural alienation’ (He Anga Whakamana 1995:48).

Recognising Real Needs of Whānau

It is now clear to most that services need to be organised around the needs of whānau, rather than the needs of providers. This includes removing infrastructural, financial, cultural, geographical, physical and other barriers – including arbitrary divisions between health and other social services where a range is needed to support whānau development.

Delivering services through community initiatives and at sites that are accessible to whānau, hapū, iwi and Māori communities, such as marae, kōhanga, Māori sports clubs, workplaces, schools and other settings will also assist easier access to services by the whānau.

Responsibilities in the New Health and Disability Environment

District Health Boards have the primary responsibility for planning and funding services and improving Māori health. They are expected to engage with iwi and other Māori communities to enable them to influence the planning, purchasing and delivery of services to build Māori health (see pathway two: Māori participation in the health and disability sector). The Ministry of Health and District Health Boards will be responsible for monitoring and evaluating the implementation of He Korowai Oranga (see page 31).

In the new environment Māori provider and other health and disability organisations such as MAPOs and MDOs will play a critical role in co-ordinating and delivering services that assist whānau to improve their overall wellbeing. Māori providers and workers are uniquely placed to work with whānau and hapū to identify their strengths and ways to foster them and many Māori providers are already delivering services in holistic ways.

The Ministry of Health and District Health Boards will also be expected to correlate their efforts with the work of other sectors whose policies and initiatives significantly influence Māori health and wellbeing (see pathway four: Working across sectors).
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<th>Objective: To foster whānau development and health.</th>
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<tr>
<td><strong>Some existing policy and processes</strong></td>
<td><strong>Next steps</strong></td>
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<tr>
<td>• Capacity Building in Māori communities (Te Puni Kōkiri)</td>
<td><strong>Ministry of Health,</strong> with DHBs, iwi, Māori communities and other social service sectors:</td>
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<tr>
<td>• Te Pae Mahutonga (Mental Health Promotion Strategy)</td>
<td>• develop definitions and measures of whānau ora</td>
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<tr>
<td>• Kia Tu, Kia Puawai</td>
<td>• correlate whānau health and disability initiatives with other strategies promoting Māori values and practices and access to te reo Māori and marae</td>
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<tr>
<td>• Kia Piki te Ora o te Taitamariki community development approaches to preventing Māori youth suicide</td>
<td>• align He Korowai Oranga with the New Zealand Disability Strategy</td>
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<td></td>
<td>• policy to remove barriers faced by whānau and Māori experiencing disability</td>
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<td>with Te Puni Kōkiri:</td>
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<td>• co-ordinate Māori capacity and community development initiatives.</td>
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**Monitoring and Evaluation**

- Develop policies and performance expectations for DHBs and monitor their performance.

**DHBs,** with iwi and Māori communities:

- build relationships with local iwi and Māori communities and work with them to identify whānau strengths and strategies to build on those strengths
- explore ways to deliver services in new settings appropriate to whānau
### Objective: To foster whānau development and health (continued).

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<th>Some existing policy and processes</th>
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<tr>
<td>DHBs, with iwi and Māori communities (continued):</td>
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<tr>
<td>• co-ordinate with providers in health and other sectors to improve service delivery to whānau</td>
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<tr>
<td>• develop plans to remove financial, cultural, geographical, physical and other barriers faced by Māori experiencing disability</td>
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<tr>
<td>• incorporate whānau health development requirements into DHB needs assessment methodologies and incorporate into their prioritisation and resource allocation processes</td>
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<tr>
<td>• ensure services purchased take whānau development needs into account.</td>
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Pathway Two
Māori Participation in the Health and Disability Sector

Supporting Māori participation at all levels of the health and disability sector is the second pathway to improving whānau health.

Māori as decision makers, managers, researchers and clinicians, as community health, public health and disability workers in the health and disability sector are critical to the success of He Korowai Oranga.

Partnership with Iwi and Māori Communities

District Health Boards are expected to work in partnership with iwi and Māori communities to ensure their decision-making effectively leads to whānau health improvement and to support the achievement of Māori health aspirations. Partnership with the Crown is one of the principles of the Treaty of Waitangi.

Relationships with Māori Health and Disability Organisations

District Health Boards will also be expected to form effective relationships with Māori health and disability organisations to achieve Māori and whānau health objectives.

Māori Representation

The New Zealand Public Health and Disability Act (2000) requires at least two Māori members on District Health Boards. All board members are required to develop the skills and knowledge necessary to achieve government and District Health Board Māori health objectives. All board members will be supported and appropriate training identified. Māori board members will require further support due to the additional expectations placed on them by whānau, hapū, iwi and Māori communities. The Act also requires Māori membership on a range of committees that will be operated by the District Health Boards.

This participation is a separately prescribed process and is complementary to the partnership relationship outlined above.
**Objective:** To develop effective partnerships with iwi and Māori communities to achieve Māori health objectives.

<table>
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<th>Some existing policy and processes</th>
<th>Next steps</th>
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</table>
| • New Zealand Public Health and Disability Act (2000) specifies that DHBs will develop relationships with Māori | **Ministry of Health:**
| • MAPO and Treaty-based relationships | • convene national forums with Māori organisations |
| • Principles and objectives relating to partnership with Māori in the New Zealand Health Strategy | • develop guidelines to assist DHBs in establishing partnerships with iwi and other relationships with Māori health organisations. |

**Next steps**

**Ministry of Health:**
- convene national forums with Māori organisations
- develop guidelines to assist DHBs in establishing partnerships with iwi and other relationships with Māori health organisations.

**DHBs**
- ensure partnership relationships reflect iwi and Māori community interests
- ensure iwi and Māori groups have the resources and information needed to participate effectively in needs assessment and board governance, planning and operational processes
- establish necessary DHB resources (human, financial, technological) to engage whānau, hapū, iwi and Māori communities.

**Objective:** To increase Māori representation on District Health Boards and Committees.

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<th>Some existing policy and processes</th>
<th>Next steps</th>
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| • New Zealand Public Health and Disability Act (2000) specifies that DHBs will have a minimum of two Māori members | **Minister of Health:**
| | • select appointed Māori board members |

**Ministry of Health and DHBs**
- promote Māori participation in DHB elections as both candidates and voters
- ensure board members are skilled in Māori health and Treaty issues.

**DHBs**
- with iwi and Māori communities:
  - ensure appropriate Māori representation on DHB committees.
Continuing Māori Provider Development

Since 1993 the number of independent Māori providers has increased from approximately 20 to more than 220 in 2000. These providers are key players in reducing access barriers and improving the effectiveness and appropriateness of services for whānau.

Most Māori providers have developed within whānau, hapū, iwi and Māori communities and are especially well placed to understand and meet the needs of whānau. Their work also contributes to the capacity and capability of whānau, hapū, iwi and Māori communities.

Māori Development Organisations and Māori Co-funding Organisations, as well as collectives of Māori providers (such as Ngā Ngaru) have also emerged in the development of Māori providers. They too play a critical role in developing and supporting Māori providers to continually improve systems and quality of services to whānau.

District Health Boards have a statutory obligation to continue to foster Māori capacity to participate in the health and disability sector and to provide for their own needs. This will include exploring new provider models, particularly if iwi or Māori communities have identified these as appropriate to their needs.

| Objective: To increase the capacity, sustainability and geographical scope of Māori providers. |
|---|---|
| Some existing policy and processes | Next steps |
| • Māori Provider Development Scheme (MPDS) | Ministry of Health: |
| • MDOs and MAPOs | • administer the Māori Provider Development Scheme and advise on its continuance |
| • NZPHD Act 2000 specifies that DHBs must foster Māori capacity to participate in health and disability sector and to provide for their own needs | • co-ordinate with Te Puni Kōkiri and broader Māori provider development initiatives with the Māori health sector: |
| | • develop specific national policies and targets for Māori provider development. |

Monitoring and Evaluation

• Monitor DHB performance in relation to Māori provider development and evaluate the effectiveness of Māori provider policies.
Developing the Māori Workforce

Trained Māori professionals, managers, community and voluntary workers are necessary to strengthen the health and disability sector’s capacity to deliver effective and appropriate services to whānau wherever they are located.

Māori are under-represented in almost every type of health and disability worker. Extending workforce development initiatives, such as targeted training programmes and scholarships, is therefore vital (see Appendix 4 for further detail on Māori participation in the health and disability workforce).

New Māori health worker organisations have emerged in the last five years to sit alongside the more established groupings. These will continue to contribute to Māori workforce initiatives.

Māori community health and voluntary workers, many of whom are Māori women, have a pivotal role in improving the health of Māori whānau. This needs to be recognised with the development of appropriate training packages where community health workers can gain on-the-job accreditation.

Where the Māori Provider Development Scheme, the Clinical Training Agency and Education initiatives have made inroads, the approach to Māori workforce development has been ad hoc to date and greater co-ordination is needed. The new Health Workforce Development Advisory Committee is a key government initiative that will have an important role in
identifying the need for Māori health workers and ensuring more systematic ways to develop them.

To achieve Māori health workforce objectives, the health and disability sector will also collaborate with the Education sector, Te Puni Kōkiri, the Ministry of Women’s Affairs, and iwi/Māori communities to address wider issues affecting Māori participation in education.

<table>
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<tr>
<th>Objective:</th>
<th>To increase the proportion of Māori at all levels of the health and disability workforce and identify the need for new types of health worker training and accreditation.</th>
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<tr>
<td>Some existing policy and processes</td>
<td>Next steps</td>
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<tr>
<td>• Māori Health Scholarships (MPDS, Mental Health)</td>
<td>Ministry of Health:</td>
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<tr>
<td>• Specific initiatives such as Vision 20/20, Te Rau Puawai</td>
<td>• aggregate data on Māori health workforce</td>
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<tr>
<td>• Māori health protection workforce development pilot, and other health professional training initiatives</td>
<td>• administer MPDS and other Māori scholarships with Education and Te Puni Kōkiri, iwi and Māori communities:</td>
</tr>
<tr>
<td>• Clinical Training Agency (responsible for post-entry health workforce development) and its Māori Health Workforce Advisory Committee</td>
<td>• continue to identify barriers and ways to reduce them</td>
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<td>• Health Workforce Development Advisory Committee</td>
<td>• identify wider issues affecting Māori participation in education</td>
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<td></td>
<td>• develop policies for on-the-job Māori community and voluntary worker accreditation</td>
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<td>with Ministry of Women’s Affairs:</td>
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<td>• identify barriers and ways to reduce them to Māori women advancing at all levels of the health and disability workforce, especially to senior positions.</td>
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</table>
| | **DHBs:**  
| | • plan and provide resources for Māori staff recruitment, advancement, and retention in their own organisations  
| | • support Māori workforce development in context of Māori provider development and more effective mainstream service delivery.  
| | **Health Workforce Development Advisory Committee** with DHBs, Māori and other providers:  
| | • identify workforce development needs and implement initiatives to meet those needs. |
Pathway Three

Effective Health and Disability Services

Effective health and disability services for Māori will be co-ordinated around the needs and realities of whānau and will incorporate Māori cultural values, beliefs and practices.

These services will be highly competent and will know how to address the inequalities in health and disability outcomes and in accessing services.

District Health Boards will be expected to put processes in place to make sure that high quality services are delivered to whānau in a timely manner.

**Key aspects in achieving effective services:**
- addressing health inequalities for Māori
- improving the effectiveness of mainstream services
- providing the highest quality service
- improving Māori health information.

Addressing Health Inequalities for Māori

Inequalities between the health status of Māori and other New Zealanders are well documented. Across New Zealand, health inequalities are greater for those in more deprived socioeconomic groups.

Whānau are not only over-represented in the more deprived groups, but also appear to experience further inequalities over and above those experienced in the same socioeconomic groups.

Within the health and disability sector, efforts need to be focused on a manageable number of Māori health priorities, with the aim of preventing and better managing identified risk factors and disease outcomes.

He Korowai Oranga endorses the Māori health priority areas that were already established by the Health Funding Authority and those more recently identified in Government policy, the New Zealand Health Strategy and New Zealand Disability Strategy (see Appendix 3).

Taking overlaps into account, there are a total of 20 population health objectives specific, or especially relevant to, Māori. With this number of priority areas, it is important that each District Health Board consider the key priorities within its area and range of available services. Then, with iwi and Māori communities, each District Health Board must identify how these priorities will be addressed over time.
‘Toolkits’ are currently being developed for each of the 13 New Zealand Health Strategy population health objectives. These toolkits will set out more detailed guidance for District Health Boards on how to effectively achieve the population health objectives based on the currently available evidence. They will also include performance indicators for District Health Boards which will be used to help monitor boards’ performance and overall progress on the objectives. The toolkits will include specific guidance on achieving the population health objectives for Māori (See Appendix 3 for more detail on toolkits).

The proposed Primary Health Organisations (PHOs) will play an important role in achieving these population health objectives, as they increasingly adopt population health approaches. It is expected that some Māori health providers or organisations will take on the functions of PHOs, and non-Māori PHOs will be expected to work closely with Māori providers and communities to identify population health approaches.

In general, the remaining Māori population health objectives are addressed in other strategies, including the New Zealand Disability Strategy, the Mental Health Strategy, and the National Drug Policy. Rather than duplicating the work of these strategies, He Korowai Oranga emphasises orienting the way population health objectives are approached with a view to improving whānau ora.

<table>
<thead>
<tr>
<th>Objective: To reduce Māori health inequalities.</th>
<th>Next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some existing policy and processes</td>
<td>Ministry of Health:</td>
</tr>
<tr>
<td>• New Zealand Public Health and Disability Act 2000 requires DHBs to reduce Māori and other health inequalities</td>
<td>• produce New Zealand Health Strategy toolkits</td>
</tr>
<tr>
<td>• New Zealand Health Strategy</td>
<td>• finalise New Zealand Disability Strategy</td>
</tr>
<tr>
<td>• draft New Zealand Disability Strategy</td>
<td>• implement the Primary Health Care Strategy and development of Māori Primary Health Organisations</td>
</tr>
<tr>
<td>• Primary Health Care Strategy and other related strategies</td>
<td>• continue to develop ‘Reducing Inequalities in Health Framework’, and work with other sectors to identify wider determinants of health inequalities.</td>
</tr>
<tr>
<td>• Government Social Equity Committee</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>• draft Ministry of Health ‘Reducing Inequalities in Health Framework’</td>
<td>• Assess DHB plans for reducing Māori health inequalities and monitor their performance.</td>
</tr>
<tr>
<td></td>
<td>• Monitor Māori health outcomes at a national level.</td>
</tr>
<tr>
<td></td>
<td>• Encourage and sponsor research on Māori health inequalities and effective interventions.</td>
</tr>
</tbody>
</table>
Objective: To reduce Māori health inequalities (continued).

<table>
<thead>
<tr>
<th>Some existing policy and processes</th>
<th>Next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHBs with iwi, Māori communities and other sectors:</td>
<td></td>
</tr>
<tr>
<td>• collaborate to address wider determinants of health inequalities</td>
<td></td>
</tr>
<tr>
<td>• implement New Zealand Health Strategy and Primary Health Care Strategy.</td>
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</tbody>
</table>

Monitoring and Evaluation
• Develop, implement and evaluate plans for reducing Māori health inequalities.

Improving the Effectiveness of Mainstream Services

Mainstream services have begun to take greater responsibility for Māori health in many areas. For example, publicly funded hospitals and major primary health care organisations have been required (through their contracts) to specify how they will identify and meet the needs of Māori.

A complex combination of factors will impact on mainstream service progress, such as:
• the quality of partnership relationships between District Health Boards and iwi and Māori communities
• the effectiveness of the working relationships with Māori providers
• the outcome of joint planning, goal setting and service level agreements.

There is a particular need to ensure public health and primary services meet the needs of whānau and Māori more effectively. Public health services such as health protection, food safety and health promotion need to be reoriented to ensure that whānau needs, approaches to and perspectives of health are taken into account.

Attention is also needed to referral patterns in primary health care, where there is evidence that referral and treatment patterns for secondary and tertiary care do not always reflect the higher service needs of Māori.

Most hospitals now have Māori and whānau units which focus on ensuring the services better meet the needs of Māori patients and that cultural safety issues are addressed. These initiatives need to continue. They should not however be confused with the relationships with the Māori community organisations, providers and communities. These relationships with the communities will provide input into the joint planning and funding role of the District Health Boards.
## Objective:

To improve whānau access to and effectiveness of mainstream services.

### Some existing policy and processes

- Service agreements stipulate that public health and hospital services and major mainstream Primary Health Organisations must identify how they will meet the needs of their Māori consumers.
- Access to publicly funded elective services is determined with the aid of nationally consistent prioritisation criteria.

### Next steps

**Ministry of Health:**
- work with health workforce training institutions to incorporate Māori health issues into training programmes and to address attitudinal and behavioural issues
- develop specific performance expectations and targets for DHB’s

with DHBs, Māori and other providers:
- explore ways to extend Māori models of health and healing into health and disability service development and provision at the public health, primary and secondary care levels.

**Monitoring and Evaluation**

**DHBs, providers and Māori research community:**
- continue to investigate and monitor Māori service referral and treatment patterns and the experiences of Māori using services
- monitor DHB performance.

**DHBs**
with iwi and Māori providers:
- identify barriers to appropriate services and explore innovative ways to reduce those barriers
- continue to include explicit requirements for mainstream responsiveness to Māori in provider service agreements
- continue to improve the effectiveness for Māori of the services they provide.
Objective: To improve whānau access to and effectiveness of mainstream services (continued).

<table>
<thead>
<tr>
<th>Some existing policy and processes</th>
<th>Next steps</th>
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<tbody>
<tr>
<td></td>
<td><strong>Monitoring and Evaluation</strong></td>
</tr>
<tr>
<td></td>
<td>• Establish a managed and regular programme to monitor and evaluate mainstream and Māori provider effectiveness.</td>
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</tbody>
</table>

Providing the Highest Quality Service

This section is about providing the highest quality primary, secondary, tertiary and disability care. High quality care is about performance and user satisfaction: the right thing, to the right people, in the right way, at the right time.

- The right result is obtained.
- Care is delivered efficiently.
- Adverse events are minimised.

The New Zealand Health Strategy and He Korowai Oranga are committed to the development of a health and disability support sector that embraces a culture of continual improvement in the delivery of services.

This must be:

- system wide
- use a risk management approach to reduce preventable harm
- foster consistency of practice through shared learning, benchmarking and clinical governance within a standards framework
- take account of whānau, hapū, iwi and Māori community views on quality of care and the need for cultural as well as clinical safety.

There are mechanisms at all levels in the health and disability support sector that are designed to assure safe, quality care. These include:

- regulation to ensure safety of services, by setting and enforcing minimum standards of facilities, medicines and professional practice
- inclusion of clinical review, as part of regular business planning.
A more recent development is the decision of many providers (including Māori providers) to seek accreditation for establishing quality assurance processes in the management and delivery of services and systems.

Most of the progress in ensuring clinical safety and effectiveness will come from the teams of health professionals and community workers working and learning together to establish agreed protocols and processes and to share best practice initiatives.
<table>
<thead>
<tr>
<th>Some existing policy and processes</th>
<th>Next steps</th>
</tr>
</thead>
</table>
| • Health facility, professional and medicine regulations and standards | **Ministry of Health**  
*Monitoring and Evaluation*  
• Update regulatory framework including new safety and professional regulation legislation.  
• Establish and monitor national standards that are appropriate for Māori.  
• Establish and monitor quality expectations for DHBs. |
| • The use of patient satisfaction surveys which target whānau by hospitals | **DHBS**  
• encourage a culture of continual improvement with iwi and Māori, providers and consumers:  
• establish quality procedures in hospitals and require appropriate standards in services they fund  
• put in place complaint procedures appropriate to Māori  
• establish risk management assessment processes. |
| • Clinical reviews | **Providers**  
*Monitoring and Evaluation*  
• Put into place and maintain protocols and processes for health professionals and community workers. |
| • Service accreditation | |

### Improving Māori Health Information

The evidence of improvement in whānau health is likely to take a number of years to emerge.

Comprehensive, high quality Māori health research and information is necessary to inform Government and to assist whānau, hapū and iwi to determine and provide for their own health priorities. Whānau will need access to relevant information about their health if they are to better manage their own health.
Measurement of whānau ora includes indicators of mortality and morbidity, but also encompasses the cornerstones of Māori health as well as other aspects of wellbeing such as a secure identity, a sense of belonging, high self esteem and control over one’s destiny. Other ways of measuring whānau wellbeing include comparisons with non-Māori, progress over time, whānau adversity, whānau potential, whānau functioning and whānau capacities (Durie 1999).

Most measures of health status are population or individually based. Many aspects of whānau ora are at a level between these two extremes. Some are intangible, and the health and disability sector does not yet have good indicators for measuring them. The Ministry of Health will be working with Māori, District Health Boards and other sectors concerned with Māori wellbeing to develop appropriate measures in the second phase of development of He Korowai Oranga.

The health and disability sector must substantially improve the way it gathers information about whānau ora and Māori health status. A Health Knowledge Strategy is being developed to support implementation of the New Zealand Health Strategy. The Health Knowledge Strategy will address issues surrounding the collection of data and information about Māori and access by Māori to this information as well as specific issues relevant to the collection of ethnicity data (see Appendix 5).

<table>
<thead>
<tr>
<th>Objective:</th>
<th>To improve Māori health information to support effective service delivery and monitoring and the achievement of Māori health objectives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some existing policy and processes</td>
<td>Next steps</td>
</tr>
<tr>
<td>• Health Knowledge Strategy</td>
<td>Ministry of Health with DHBs, Māori providers and communities:</td>
</tr>
<tr>
<td>• NZHIS and other health information collections</td>
<td>• address issues surrounding collection, storage and use of data about Māori health and disability, including issues of information ownership</td>
</tr>
<tr>
<td>• Health sector reporting information</td>
<td>• develop and implement consistent methods for collecting and collating ethnicity data</td>
</tr>
<tr>
<td></td>
<td>• draw on existing collections and supplement, where possible, with formal qualitative patient information/surveys</td>
</tr>
<tr>
<td></td>
<td>• align the Health Knowledge Strategy with He Korowai Oranga.</td>
</tr>
</tbody>
</table>
### Objective:
To improve Māori health information to support effective service delivery and monitoring and the achievement of Māori health objectives (continued).

<table>
<thead>
<tr>
<th>Some existing policy and processes</th>
<th>Next steps</th>
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<tbody>
<tr>
<td></td>
<td><strong>Monitoring and Evaluation</strong></td>
</tr>
<tr>
<td></td>
<td>• Identify priorities for Māori health research and evaluation.</td>
</tr>
<tr>
<td></td>
<td>• Continue to develop appropriate measures of whānau health and wellbeing.</td>
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<tr>
<td></td>
<td><strong>DHBs, with providers:</strong></td>
</tr>
<tr>
<td></td>
<td>• ensure complete and accurate collection of ethnicity data in all providers</td>
</tr>
<tr>
<td></td>
<td>• ensure Māori have access to appropriate health and disability information.</td>
</tr>
</tbody>
</table>
Pathway Four
Working Across Sectors

Effective development and care of whānau should take economic and social situations, cultural frameworks, values and beliefs into account. It should acknowledge whānau rights to high quality and safe health services.

Prerequisites to improved whānau health include:

• affordable, appropriate, available and effective education
• affordable, appropriate, available and effective health and disability services
• ability to participate in te ao Māori
• ability to participate in New Zealand society as a whole
• a healthy environment.

Meeting these prerequisites necessitates eliminating the impediments to whānau ora such as:

• unemployment
• unsafe working conditions with little job control
• inadequate housing
• crime
• high disparities in income and wealth
• unfavourable economic conditions.

Many of these issues are not under the direct influence of the health and disability sector. However, the work of other sectors impacts on the health of whānau. Furthermore, improvements in whānau health may also lead to positive outcomes for whānau in other areas such as, for example, education or employment. This pathway therefore directs the health and disability sector to take a leadership role across the whole of government and its agencies to achieve the aim of whānau ora.

Pathway one (whānau development) is about supporting whānau to identify their own strengths and fostering the conditions required to build on those strengths. Pathway four is about government sectors and DHBs working together to address wider determinants of Māori health and to co-ordinate the delivery of services to whānau.
Implementing Intersectoral Initiatives

The Ministry of Health and District Health Boards will work to engage other government agencies to implement specific whānau health initiatives and community-based strategies.

Working across sectors seeks to improve whānau and Māori health by:

- ensuring that other sector agencies take into account the health impact of their activities, and then to develop initiatives which positively affect whānau health
- improving co-ordination between health and other service agencies where those agencies have a shared interest in whānau wellbeing and improved social outcomes
- fostering service integration based on the needs of whānau.

**Objective:** To ensure other sector agencies work with Health to take into account the health impact of their activities and to develop initiatives that positively affect whānau health.

<table>
<thead>
<tr>
<th>Some existing policy and processes</th>
<th>Next steps</th>
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</thead>
<tbody>
<tr>
<td>• Strengthening Families and Family Start</td>
<td></td>
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</tbody>
</table>
| • Kapiti Health Links initiatives | **Ministry of Health:**  
  • develop whānau-based policy in collaboration with relevant sector agencies.  
**DHBS** with iwi/Māori and providers:  
• collaborate with agencies in other sectors to develop and evaluate initiatives to address the needs of whānau  
• collaborate with agencies in other sectors to develop, evaluate, and deliver integrated services. |
Implementing the Strategy

Once these high level strategic directions have been agreed, translating them into action for the sector will be phase two of the strategy development. Phase two will include developing targets, performance expectations and measures and outcome measures to give effect to He Korowai Oranga objectives, as well as guidelines and standards to achieve service effectiveness.

The Role of the Ministry of Health

The Ministry of Health will continue to develop, in collaboration with the sector and Māori health organisations:

- specific performance expectations and national standards to ensure consistency of approach across District Health Boards
- frameworks for monitoring and analysing District Health Board performance and whānau health outcomes at a national and regional level
- ways to improve the collection and accuracy of whānau health data.

In consultation with District Health Boards and Māori health organisations, it will select aspects of the strategy implementation and service delivery to formally evaluate how well they are being implemented and their impact on Māori health.

The information from the District Health Board monitoring and service evaluation, along with international evidence on effective indigenous health strategies, will be fed into the Ministry’s policy advice to the Government on further development of the strategy.

The Ministry will also continue to have a role in facilitating relationships between iwi and Māori and District Health Boards and providing leadership to the sector.

Finally, the Ministry of Health will continue to fund some services from the national level (for example some public health services, some disability support services and some high cost, low volume surgical and medical services) in the short term until the District Health Boards have the capacity to do so.

The Ministry of Health is developing internal policies for increasing its own organisational capability and capacity for delivering these functions effectively in relation to Māori health objectives. All Ministry Directorates have responsibility for progressing Māori health objectives.
District Health Board Responsibilities

How He Korowai Oranga will be implemented will be clear in the strategic and annual plans of District Health Boards. The objectives included in their planning documents will be based on:

- a realistic assessment of how much each District Health Board can contribute to the Government’s national goals
- how the DHBs will increase effectiveness and coverage of health and disability services for whānau, and work with other sectors to improve whānau health and wellbeing.

District Health Boards will be expected to direct resources to areas of greatest need. They will be monitored on the processes they adopt, and the way they prioritise resources and allocate funding, and the effectiveness of their service provision or funding for Māori.

District Health Boards will be assessed on how they:

- work with iwi and Māori communities to develop and implement effective strategies for whānau health improvement and Māori provider and workforce development
- prioritise and allocate resources – their processes should continue to reflect a shift and/or augmentation of resources into the areas that will best achieve the objectives in this strategy, and clearly identify the resources allocated to whānau health gain
- develop appropriate outcome measures of whānau health and wellbeing
- work with providers – both Māori and mainstream – to improve their capacity and effectiveness with regard to Māori health; this will include specific performance expectations in service agreements and systems to effectively monitor providers’ performance against those expectations
- evaluate whānau utilisation patterns and service effectiveness for whānau and use that evidence to continually improve services available to whānau and to reduce access barriers.

District Health Boards will be monitored for trends over time in investment in Māori health and Māori provider development, and benchmarked both against each other and the baseline data originally collected by the Health Funding Authority.

It is expected that the information on Māori and whānau utilisation of services, Māori health gain in the priority areas and the types of services delivered, will improve over time.

Provider Responsibilities

Likewise, throughout the monitoring of He Korowai Oranga, providers (including Māori providers) will be evaluated on their:

- collection and reporting of evaluative information on the use of, and satisfaction with, the services they provide
- collection of clinical and utilisation information about Māori and whānau health status to assess the accessibility, appropriateness and competency of their services.
**Objective:** To implement and monitor He Korowai Oranga.

<table>
<thead>
<tr>
<th>Some existing policy and processes</th>
<th>Next steps</th>
</tr>
</thead>
</table>
| • New Zealand Public Health and Disability Act 2000 and DHB accountability frameworks | **Ministry of Health** with DHBs and iwi/Māori and Māori health organisations:  
  • develop performance expectations and measures and monitoring frameworks for DHBs, including specific goals and targets where appropriate  
  • agree procedures for:  
    - evaluating the implementation of the strategy  
    - evaluating the impact of the strategy on Māori health  
  • identify information gaps and research or other measures to obtain that information. |
| District Health Boards with iwi/Māori communities and providers:  
  • develop specific strategies for implementing He Korowai Oranga in their regions, including monitoring and evaluation. |
Where to from Here?

The Ministry of Health is co-ordinating a series of consultation hui in 2001 and is also inviting written submissions on this draft Strategy. It is intended that the final He Korowai Oranga be released following the consultation and analysis of submissions.

You may give your views at the hui or in writing.

Attend a Consultation Hui

You are welcome to attend one or more of the consultation hui scheduled to discuss the Strategy.

<table>
<thead>
<tr>
<th>Date</th>
<th>Where</th>
<th>Venue</th>
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<tbody>
<tr>
<td>Wednesday 2 May</td>
<td>Wellington</td>
<td>Te Aroha Sports Complex</td>
</tr>
<tr>
<td>9am–4pm</td>
<td></td>
<td>Waiwhetu Marae</td>
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<tr>
<td></td>
<td></td>
<td>Puketapu Grove</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lower Hutt</td>
</tr>
<tr>
<td>Thursday 3 May</td>
<td>Bay of Islands</td>
<td>Park Lodge on Paihia</td>
</tr>
<tr>
<td>9am–4pm</td>
<td></td>
<td>Cnr Seaview and McMurray Roads</td>
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<tr>
<td></td>
<td></td>
<td>Paihia</td>
</tr>
<tr>
<td>Friday 4 May</td>
<td>Auckland</td>
<td>Waipuna Lodge</td>
</tr>
<tr>
<td>9am–4pm</td>
<td></td>
<td>58 Waipuna Road</td>
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<tr>
<td></td>
<td></td>
<td>Mt Wellington</td>
</tr>
<tr>
<td>Tuesday 8 May</td>
<td>Rotorua</td>
<td>Te Ao Marama Hall</td>
</tr>
<tr>
<td>9am–4pm</td>
<td></td>
<td>St Faiths Church, Ohinemutu</td>
</tr>
<tr>
<td>Thursday 10 May</td>
<td>Hawkes Bay</td>
<td>Kohupatiki Marae</td>
</tr>
<tr>
<td>10am–4.30pm</td>
<td></td>
<td>Farndon Road</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clive, Hastings</td>
</tr>
<tr>
<td>Tuesday 15 May</td>
<td>Wanganui</td>
<td>Putiki Marae</td>
</tr>
<tr>
<td>9am–4pm</td>
<td></td>
<td>Takarangi Street</td>
</tr>
</tbody>
</table>
**Make a Written Submission**

You may make a written submission on your own behalf or as a member of an organisation. If making a submission on behalf of an organisation, please describe the organisation and its interest in Māori health. If making an individual submission, please indicate your interest in Māori health (for example, as a patient, service provider, or as whānau).

For example the introduction or cover to your submission might include any number of the following:

<table>
<thead>
<tr>
<th>Date</th>
<th>Where</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 17 May</td>
<td>Nelson</td>
<td>Whakatu Marae</td>
</tr>
<tr>
<td>9am–4pm</td>
<td></td>
<td>99 Atawhai Drive</td>
</tr>
<tr>
<td>Thursday 24 May</td>
<td>Invercargill</td>
<td>Murihiku Marae</td>
</tr>
<tr>
<td>9am–4pm</td>
<td></td>
<td>Tramway Road</td>
</tr>
<tr>
<td>Friday 25 May</td>
<td>Christchurch</td>
<td>Rehua Marae</td>
</tr>
<tr>
<td>9am–4pm</td>
<td></td>
<td>79 Springfield Rd</td>
</tr>
</tbody>
</table>

Completed by: (name) ____________________________________________________________

Address: ____________________________________________________________

Organisation: (if applicable) ________________________________________

Position: (if applicable) ________________________________________

Interest and/or involvement in Māori health? Provider, health worker? patient? whānau? ________________________________________
A series of questions are offered below as a guide for your submission. You are also welcome to comment on any other issues relevant to the Strategy. It would help the analysis of your submissions if you present your comments with reference to the questions below and/or the specific chapters of the discussion document.

**Question 1**

The draft strategy proposes one overall aim of whānau ora: healthy Māori families supported to achieve their maximum health and wellbeing.

Do you agree with this aim?

If not how would you alter it and why?

Do you think there are particularly important issues to be addressed in achieving this aim?

**Question 2**

Four pathways have are outlined in the Strategy. These are designed to improve whānau health and wellbeing.

Do you think the pathways are useful and/or appropriate?

Do you think these pathways provide a useful guide for action to improve whānau health?

If not, are there pathways that you think should be added or replaced?

**Question 3**

The first pathway focuses on fostering the conditions that encourage health and wellbeing as well as preventing or treating disease.

Is this a useful approach?

In what ways can the health and disability sector foster the conditions that encourage health and wellbeing?

In what ways can District Health Boards organise services around the needs of whānau?

What do you regard as particularly important issues to be addressed here?

**Question 4**

Māori participation at all levels of the health and disability sector is identified as the second pathway to improve whānau health and wellbeing.

Is this a useful approach?

What should be the nature of District Health Board relationships with iwi, Māori communities and other Māori groups?

How can Māori participation at all levels of the health and disability sector be supported?

What do you regard as particularly important issues to be addressed here?
Question 5
Effective health and disability services that meet the needs of whānau and reduces health inequalities is the third pathway to improving whānau health and wellbeing.

Again, please comment on this pathway.
Is this a useful approach?
In what ways can District Health Boards contribute to the key aspects outlined?
Are there particularly important issues to be addressed here?

Question 6
The fourth pathway is working across sectors to improve whānau health and wellbeing.

Is this a useful approach?
In what ways can the health and disability sector take a lead role across the whole of government and its agencies to achieve the aim of whānau ora?
Are there particularly important issues to be addressed here?

Question 7
Aspects of the draft strategy are likely to concern, challenge, or interest various individuals and organisations more than others.

Are there aspects that concern, challenge, or interest you more than others?
If so – what are they and why?
What recommendations would you like to make in relation to these?

Submissions should be sent to:
He Korowai Oranga: Māori Health Strategy Consultation
Māori Health Policy and Strategy
Ministry of Health
PO Box 5013
WELLINGTON
Ph: 04 495 4328
Fax: 04 495 4401
E-mail: mhs@moh.govt.nz
Website: www.moh.govt.nz/mhs.html
Submissions close Friday 8 June 2001.
Appendix One

Sector Reference Group

Sue Crengle  Ministry of Health, National Health Committee
Mason Durie  Head of School, Māori Studies, Massey University
Becky Fox  Plunket
Les Gilsenan  Whanganui Disability Resources Centre
Sharon Lambert  Ngā Ngaru Hauora O Aotearoa Inc. Society
Fiona Pimm  Ngai Tahu (He Oranga Pounamu Development Corporation Board)
Lynette Stewart  Te Tai Tokerau MAPO Trust
Rees Tapsell  Te Ohu Rata Association o Aotearoa (TE ORA) (Māori Medical Practitioners Association)
Hingatu Thompson  Lakeland Health Limited
Linda Thompson  Taumata Hauora

Focus Group

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¹ With kaumatua support from Fleur Rogers and Bill Kereona.
Appendix Two
Overview of Relevant Legislation and Strategies

The New Zealand Public Health and Disability Act 2000

Under the New Zealand Public Health and Disability Act 2000 District Health Boards will have a population health focus with an overall objective of improving the health of the population in their areas, including reducing health inequalities for Māori and other population groups.

The overall aims of the Māori provisions within the Act are to:

- recognise and respect the principles of the Treaty of Waitangi
- ensure Māori are represented on DHB boards and committees
- establish relationships between Maori and District Health Boards to ensure they participate in and contribute to strategies for Māori health improvement
- protect gains already made and move forward to strengthen Māori provider and workforce development, to improve mainstream service responsiveness to Māori, and to close the gaps between the health of Māori and other populations.

The New Zealand Health Strategy

The New Zealand Health Strategy released in December 2000 sets priorities, provides a focus for existing strategies, and creates a framework for future strategy development.

The need to improve Māori health is reflected throughout the principles, goals and objectives of the New Zealand Health Strategy.

There are, however, two specific goals for Māori health development in the New Zealand Health Strategy.
<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
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<tbody>
<tr>
<td>Reducing inequalities in</td>
<td>Ensure accessible and appropriate services for Māori.</td>
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<tr>
<td>health status</td>
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<tr>
<td>Māori development in health</td>
<td>Build the capacity for Māori participation in the health sector at all levels.</td>
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<td></td>
<td>Enable iwi and Māori communities to identify and provide for their own health needs.</td>
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<td></td>
<td>Recognise the importance of relationships between Māori and the Crown in health services, both mainstream and those provided by Māori.</td>
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<td></td>
<td>Collect high-quality health and information to better inform Māori policy and research and focus on health outcomes.</td>
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<td></td>
<td>Foster and support Māori health workforce development.</td>
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</table>

The New Zealand Disability Strategy

The New Zealand Disability Strategy discussion document released in September 2000 also outlines two critical actions relevant to He Korowai Oranga. They are:

- to promote participation of Māori experiencing disability
- to acknowledge and support the roles, responsibilities and issues facing family, whānau and carers of people experiencing disability.
Appendix Three
Māori Population Health and Disability Objectives

The Government has identified 20 population health objectives on which District Health Boards and the Ministry of Health are to make progress as a matter of priority. These 20 objectives include:

- the eight Māori health gain priority areas that were established by the Health Funding Authority, which have been incorporated in purchasing for Māori health gain for the last two to three years
- the 13 population health objectives from the New Zealand Health Strategy, which were chosen from areas where there is a significant burden of disease for New Zealanders and real potential to reduce Māori health disparities, amongst other things
- disability support (from the New Zealand Disability Strategy)
- other Government Māori health priorities (as identified in He Pūtahitanga Hou).

<table>
<thead>
<tr>
<th>Population Health Objective</th>
<th>Māori Health Gain Priority Areas</th>
<th>Population Health Objectives (NZ Health Strategy)</th>
<th>New Zealand Disability Strategy</th>
<th>Government Māori Health Priority Areas</th>
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</thead>
<tbody>
<tr>
<td>1. Immunisation</td>
<td></td>
<td>Included in ‘ensure access to appropriate child health services’</td>
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<td>2. Hearing</td>
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<td>Included in ‘ensure access to appropriate child health services’</td>
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<td>3. Smoking cessation</td>
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<td>4. Diabetes</td>
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<td>5. Asthma</td>
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<td>Child asthma included in ‘ensure access to appropriate child health services’</td>
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<td>6. Oral health</td>
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<tr>
<td>7. Mental health</td>
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<td>Improve the health status of people with severe mental illness</td>
<td>Rangatahi mental health</td>
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<tr>
<td>Population Health Objective</td>
<td>Māori Health Gain Priority Areas (HFA)</td>
<td>Population Health Objectives (NZ Health Strategy)</td>
<td>New Zealand Disability Strategy</td>
<td>Government Māori Health Priority Areas</td>
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<tr>
<td>8. Injury prevention</td>
<td>Child injuries included in ‘ensure access to appropriate child health services’</td>
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<td>9. Nutrition improvement</td>
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<td>10. Obesity reduction</td>
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<td>11. Physical activity</td>
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<td>12. Reduce suicide</td>
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<td>13. Alcohol and drug use</td>
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<td>14. Cancer reduction</td>
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<td>15. Cardiovascular disease</td>
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<td>16. Violence in interpersonal relationships</td>
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<tr>
<td>17. Child health services</td>
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<tr>
<td>18. Disability Support Services</td>
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<td>19. Rangatahi health</td>
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<td>20. Sexual and Reproductive Health</td>
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</table>
The Ministry of Health is working with the District Health Boards and other sector agencies to develop ‘toolkits’ for each of New Zealand Health Strategy population health objectives. The toolkits will draw on the evidence available from New Zealand and international research to identify the types of actions different organisations need to take to address the New Zealand Health Strategy priority population health objectives. Each toolkit will contain:

- evidence and ‘best practice’ for health sector interventions to achieve health improvements for different population groups in the identified priority area
- evidence on action that can be taken by different health providers and also agencies outside the health sector
- indicators by which performance may be measured.

The indicators developed within the toolkits will be the principal means of measuring progress on the priority objectives. Some of the indicators will be included in the formal monitoring regime for District Health Boards (and, while it is also acting as a service funder, the Ministry of Health).

The toolkits will evolve over time as the evidence for effective interventions improves, but it is expected the first set of toolkits will be finalised about September 2001.
Appendix Four
Māori Health Workforce Data

According to the 1996 Census, 54,345 persons were actively engaged in the health workforce.

Māori made up 3,741 (6.9%) of that number.

Most Māori in the health workforce in 1996 were employed as nurses (41.3%), with personal care work being the next largest occupational group (30.8% hospital orderlies, home aides, health assistants, ambulance officers, nurse aides and masseur/masseuses).

Similar proportions of Māori worked in social work (6.1%) and the health associate professionals group (7.0%).

The 156 Māori medical practitioners accounted for 4.2% of the Māori health workforce, while 2.6% of Māori worked as patient receptionists and 2.2% as psychologists.

The proportions of Māori employed as health service managers (1.8%) and other health-related associate professionals (1.5%) were also similar.

The occupational groups with the least number of Māori were medical equipment controllers (1.0%), other health related professionals (0.8%) and dentists and dental surgeons, of which there were 27 (0.7%).
Appendix Five
Māori Research and Information Issues

There are large gaps in Māori health information.

In health and disability support services, ethnicity information is poorly collected, inaccurate, or not collected at all. This affects our ability to identify current disparities and evaluate future improvements.

Differences in the way that ethnicity has been defined and measured over time, and across agencies, make it difficult to form an accurate and coherent picture of disparities between Māori and non-Māori.

In the health sector there are also a large number of data transaction records where ethnicity is unknown. Specific information pertinent to Māori, e.g. iwi affiliation, is often not available. In addition, collection of information reflecting Māori values has not yet been developed.

Administrative Data

Ethnicity information is often not required for administrative purposes which means data collected for administrative use usually cannot generate useful statistics on Māori.

The quality of ethnicity data from administrative sources depends on the commitment of agencies to the collection of this data. Poor compliance results in a lack of useful information for public policy development.

Duplicate records also affect the quality of data. In the health sector there are a large number of duplicate records. The existence of two or more records for one person is not unusual.

Timeliness is also an issue. Mortality and hospital morbidity data is usually released at least two years after it has been collected.

Surveys

Sample surveys are another important source of information about Māori but they are generally limited in the amount of information they provide.

From a statistical perspective, the Māori population is relatively small. This constrains the collection of data directly through sample surveys because of the very high costs of targeting and the large respondent loads. The problem is even greater for sub-groups of the Māori population.
The five yearly Population Census and the Household Labour Force Survey are two official statistical surveys relevant to measuring the health inequalities between Māori and non-Māori.

However the use of this data is also limited by inconsistency in definitions (particularly of ethnicity) over time, in different situations, and between agencies. Issues such as small sample sizes, low response rates and inadequate questionnaire design also affect the quality of the data and the ability to produce robust measures of inequality.
References


